

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	1					
5	/					
6	/					
7	/					
8	1					
9	/					
10	/					
11	/					
12	1					
13	/					
14	/					
15	/					
16	1					
17	/					
18	/					
19	/					
20	1					
21	1					
22	/					
23	/					
24	/					
25	/					
26	/					
27	/					
28	1					
29	1					
30	/					
31	1					
32	/					
33	/					
34	1					
35	/					
36	/					
37	/					
38	/					
39	1					
40	/					
41	/					
42	/					
43	/					
44	1					
45						
46						
47						
48						
49						
50						
TOTAL IND.	19					
TOTAL DEP.	16					
TOTAL CLAIMS	26					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						